

# CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.  
Please type or print clearly. Press Hard.

State Department of Health Services  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P Street, Sacramento, CA 95814

① Manifest Number **015-001538**

SFUND RECORDS CTR  
999000340

<b>GENERATOR</b> (Generator Must Complete)		③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)		④ Alternate TSD Facility	
Name <b>ALUMINUM COMPANY OF AMERICA</b> <b>VERNON WORKS</b>		Name <b>OPERATING INDUSTRIES, INC.</b>		Name <b>CHEMICAL WASTE MANAGEMENT INC.</b>	
EPA NO. <b>C A D 0 7 4 1 2 6 6 8 1</b>		EPA NO. <b>C A D 0 8 0 0 1 2 0 2 4</b>		EPA NO. <b>C A T 0 0 0 6 4 6 1 1 7</b>	
Address <b>5151 Alcoa Ave.</b> Phone No. <b>588-6141</b>		Address <b>900 N. Potrero Grande Dr.</b>		Address <b>P.O. Box 1104, 430 W. Elm Ave.</b>	
City, State, Zip <b>Vernon, Ca. 90058</b>		City, State, Zip <b>Monterey Park, Ca.</b>		City, State, Zip <b>Coalinga, Ca. 93210</b>	

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS NUMBER:
WASTE					TYPE: <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS
WASTE					<input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK
					<input type="checkbox"/> OTHER

⑥ WASTE CATEGORY <b>#7</b>			⑦ EX. HAZ. WASTE PERMIT NO.			⑧ GENERATING PROCESS <b>Aluminum Fabrication</b>		
LIST COMPONENTS:	CONC. UPPER	RANGE LOWER	UNITS		CONC. UPPER	RANGE LOWER	UNITS	
⑨ A. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.	E. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.	
B. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.	F. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.	
C. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.	G. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.	
D. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.	Non Hazardous Material <b>100</b> %				
⑩ WASTE PROPERTIES: pH <b>7</b> <input type="checkbox"/> Toxic <input type="checkbox"/> Flammable <input type="checkbox"/> Corrosive/Irritant <input type="checkbox"/> Reactive <input type="checkbox"/> Sensitizer <input type="checkbox"/> Carcinogen/Mutagen								
⑪ PHYSICAL STATE: <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Sludge <input type="checkbox"/> Slurry <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Other <b>Aluminum Oxides &amp; Water</b>								
⑫ SPECIAL HANDLING INSTRUCTIONS: <input type="checkbox"/> Gloves <input type="checkbox"/> Goggles <input type="checkbox"/> Respirator <input type="checkbox"/> Other _____								

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬ *K. Lump* Signature of Authorized Agent and Title **4-10-81** Date Shipped

<b>TRANSPORTER</b> (HAULER MUST COMPLETE)		⑮ PICK-UP DATE <b>4-10-81</b>	
⑭ NAME <b>ASBURY OIL CO.</b>		TIME <b>800</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
EPA NO. <b>C A D 0 2 8 2 7 7 0 3 6</b>		⑯ <i>John M...</i> Signature of Authorized Agent and Title <b>4-10-81</b> Date	
ADDRESS <b>13419 Halldale Avenue</b> PHONE NO. (213) <b>321-1392</b>			
CITY, STATE, ZIP <b>Gardena, California 90249</b>			

<b>TSD FACILITY</b> (FACILITY-OPERATOR MUST COMPLETE)		⑰ HANDLING OR DISPOSAL METHOD:	
⑰ NAME <b>OPERATING INDUSTRIES, INC.</b>		<input type="checkbox"/> Surface Impoundment <input checked="" type="checkbox"/> Landfill	
EPA NO. <b>C A T 0 0 0 6 4 6 1 1 7</b>		<input type="checkbox"/> Injection Well <input type="checkbox"/> Land Treatment	
PHONE NO. _____		<input type="checkbox"/> Treatment (Specify) _____	
⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: _____		<input type="checkbox"/> Recovery or Reuse <input type="checkbox"/> Storage/Transfer	
IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: _____			
⑳ NAME _____		⑳ <i>Handwritten</i> Signature of Authorized Agent and Title <b>4-10-81</b> Date Accepted	
EPA NO. _____			